

State of Michigan
Department of Civil Service
EMPLOYMENT RELATIONS BOARD
400 South Pine Street, Suite 102
P.O. Box 30002, Lansing, Michigan 48909
TELEPHONE (517) 335-5588
FAX (517) 335-2884
E-MAIL: MDCS-ERB@michigan.gov

INSTRUCTIONS: Attach this form to all documents filed with the Board to certify that you have also sent copies to the other parties. Use additional pages if necessary.

**NOTICE OF FILING AND
PROOF OF SERVICE TO OTHER PARTIES**

CASE NAME		
DECISION NUMBER	REFERENCE NUMBER	CS-138 NUMBER (IF APPLICABLE)

PARTIES SERVED	DELIVERY METHOD USED
NAME AND ADDRESS	<input type="checkbox"/> PERSONAL DELIVERY <input type="checkbox"/> FIRST CLASS U.S. POSTAL SERVICE <input type="checkbox"/> OVERNIGHT MAIL SERVICE <input type="checkbox"/> INTERDEPARTMENTAL MAIL <input type="checkbox"/> CERTIFIED U.S. POSTAL SERVICE: RECEIPT NO. _____ <input type="checkbox"/> OTHER: _____
NAME AND ADDRESS	<input type="checkbox"/> PERSONAL DELIVERY <input type="checkbox"/> FIRST CLASS U.S. POSTAL SERVICE <input type="checkbox"/> OVERNIGHT MAIL SERVICE <input type="checkbox"/> INTERDEPARTMENTAL MAIL <input type="checkbox"/> CERTIFIED U.S. POSTAL SERVICE: RECEIPT NO. _____ <input type="checkbox"/> OTHER: _____
NAME AND ADDRESS	<input type="checkbox"/> PERSONAL DELIVERY <input type="checkbox"/> FIRST CLASS U.S. POSTAL SERVICE <input type="checkbox"/> OVERNIGHT MAIL SERVICE <input type="checkbox"/> INTERDEPARTMENTAL MAIL <input type="checkbox"/> CERTIFIED U.S. POSTAL SERVICE: RECEIPT NO. _____ <input type="checkbox"/> OTHER: _____

DOCUMENTS SERVED
I, _____, certify that on _____, I served all parties or their representative(s) of record, at the address(es) shown above, with a copy of the following documents (use additional pages, if necessary):
1.
2.
3.
4.

SIGNATURE AND MAILING ADDRESS OF FILING PARTY		
SIGNATURE	DATE	
NAME (PLEASE PRINT)	STREET ADDRESS	
CITY	STATE	ZIP